

CLAIMS ONLY

Application Number

10809862

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1	/		/						
2	/		/						
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47									
48									
49									
50									
Total Indep	2		2						
Total Depend	14		14						
Total Claims	16		16						

 Total
Indep
Total
Depend
Total
Claims